



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF HEALTH CARE SERVICES

MIKE ZIMMER  
DIRECTOR

May 6, 2015

Jennifer Chappins  
2800 Court Street  
Saginaw, MI 48602

RE: Application #: AF730366832  
Open Arms  
2800 Court  
Saginaw, MI 48602

Dear Ms. Chappins:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 6 is issued.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (517) 284-9720.

Sincerely,

A handwritten signature in blue ink that reads "Kathryn A. Huber".

Kathryn A. Huber, Licensing Consultant  
Bureau of Health Care Services  
411 Genesee  
P.O. Box 5070  
Saginaw, MI 48605  
(989) 293-3234

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF CHILDREN AND ADULT LICENSING  
LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF730366832
<b>Applicant Name:</b>	Jennifer Chappins
<b>Applicant Address:</b>	2800 Court Street Saginaw, MI 48602
<b>Applicant Telephone #:</b>	(989) 316-8287
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Open Arms
<b>Facility Address:</b>	2800 Court Saginaw, MI 48602
<b>Facility Telephone #:</b>	(989) 316-8287
<b>Application Date:</b>	09/26/2014
<b>Capacity:</b>	6
<b>Program Type:</b>	Mentally Ill Developmentally Disabled

## **II. METHODOLOGY**

09/26/2014	Enrollment
10/06/2014	PSOR on Address Completed
10/06/2014	Application Incomplete Letter Sent Address Updates Jennifer, Deontae.
10/06/2014	Contact - Document Sent Act&Rules.
10/24/2014	Application Complete/On-site Needed
10/24/2014	File Transferred To Field Office Saginaw.
11/03/2014	Application Incomplete Letter Sent
01/22/2015	Inspection Completed On-site
03/20/2015	Inspection Completed On-site
05/06/2015	Inspection Completed-BCAL Full Compliance

## **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

### **A. Physical Description of Facility**

Lerone Clement owns the property at 2800 Court Street, Saginaw, Michigan and is leasing the property to Jennifer Chappins. Lerone Clement provided a signed statement that he is in agreement with Jennifer Chappins operating an adult foster care facility in the home. Open Arms is located on the west side in the City of Saginaw, Michigan in a residential area. The home is a two story house that has vinyl siding. The home is in good repair and was built on a crawl space. The facility consists of three resident bedrooms, one downstairs and two upstairs. There is a living room downstairs and a living area upstairs, a full bathroom downstairs and upstairs, a kitchen, and a dining room downstairs. Open Arms will enable six residents to occupy three semi-private rooms.

The furnace and hot water heater are located in a room that is constructed of material that has a 1-hour-fire-resistance rating. A furnace inspection was completed on October 14, 2014 and was determined to be working properly and in good operating condition. The facility is equipped with battery powered single station smoke detectors that have been installed near sleeping areas, in the living room, and near the furnace. Fire extinguishers are installed on each floor of the home.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
#1 Downstairs	13' X 14'	182	2
#2 Upstairs South	11' X 13'	143	2
#2 Upstairs North	11' 4" X 12' 6"	142	2

The living, dining, and sitting room areas measure a total of 201 square feet of living space downstairs and 173 square feet of living space upstairs. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate **six** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

### **B. Program Description**

The applicant(s) intends to provide 24-hour supervision, protection and personal care to six ambulatory male and/or female residents, whose diagnosis is developmentally disabled or mentally ill. Open Arms will accept residents ages 18 and over. This home cannot accommodate residents that require the regular use of a wheelchair. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, or the responsible person.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources including the public schools and library, local museums, and shopping centers. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

### **C. Applicant and Responsible Person Qualifications**

A licensing record clearance request was completed on the applicant and she meets the requirements of the licensing act and rules. The applicant and responsible person submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents along with outside employment.

The applicant acknowledges the understanding of the requirement of an adult foster care family home is that the licensee resides in the home in order to maintain this category type of adult foster care license.

The supervision of residents in this family home licensed for six residents will be the responsibility of the family home applicant 24 hours a day / 7 days a week with the responsible person on call to provide supervision in relief.

The applicant acknowledges an understanding of the qualification requirements for the responsible person or volunteers providing care to residents in the home.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, “direct access” to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website ([www.identogo.com](http://www.identogo.com)), (formerly L-1 Enrollment, by Morpho Trust) and the related documents required to be maintained in each employees record to demonstrate compliance.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures. In addition, the applicant has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges their responsibility to obtain all required documentation and signatures that are to be completed prior to the responsible person and volunteers or staff working directly with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, responsible person, or volunteer or staff, and the retention schedule for all of the documents contained within each employee’s file.

The applicant acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-Day discharge written notice to a resident as well as when a resident can be discharged before the issuance of a 30-Day written discharge notice.

The applicant acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those

rights. The applicant indicated that it is her intent to achieve and maintain compliance with these requirements.

The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of accidents and incidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated her intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges their responsibility to obtain the required forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home as well as the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

#### **D. Rule/Statutory Violations**

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

#### **IV. RECOMMENDATION**

I recommend issuance of a temporary license to this AFC adult family home (capacity 1-6).




05/06/15

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Kathryn A. Huber  
Licensing Consultant

Date

Approved By:



05/06/15

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Mary E Holton  
Area Manager

Date